EAGLETON HOME - FDD

Provide Day Programming for

Developmentally Disabled

| 14135 150TH AVENUE | | | | | | | | | | | |
|---|-------|-----------------------------|-----------|------------------|---------|--|-----------|--|--|--|--|
| BLOOMER 54724 Phone: | (715) | 288-6311 Owner | ship: | | Cc | Corporation | | | | | |
| Operated from 1/1 To 12/31 Days | . , | | - | License: | | FDDs | | | | | |
| Operate in Conjunction with Hospita | | - | | | | No | | | | | |
| | | | | | | | | | | | |
| Number of Beds Set Up and Staffed Total Licensed Bed Capacity (12/31/Number of Residents on 12/31/02: | 02). | 20 11111 | 10 (Med | dicale) Certifie | d: NC | Yes 27 | | | | | |
| Number of Regidents on 12/21/02: | 02). | 24 Nuoro | : 19 (Med | . Conque: | a: 16 | | | | | | |
| ************************************** | **** | AVELA | .ye Dalij | / Celibub. | ******* | ' * * * * * * * * * * * * * * * * * * * | ******* | | | | |
| Services Provided to Non-Residents | 1 | Age, Sex, and Primary Diagn | osis of | Residents (12/3 | 1/02) | Length of Stay (12/31/02 | 2) % | | | | |
| | | | | | | _ | | | | | |
| Home Health Care | No | Primary Diagnosis | % | Age Groups | 용 | Less Than 1 Year | 16.7 | | | | |
| Supp. Home Care-Personal Care | | | | | | | 25.0 | | | | |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 100.0 | Under 65 | 54.2 | More Than 4 Years | 58.3 | | | | |
| Day Services | No | Mental Illness (Org./Psy) | 0.0 | 65 - 74 | 20.8 | | | | | | |
| Respite Care | No | Mental Illness (Other) | 0.0 | 75 - 84 | 12.5 | | 100.0 | | | | |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 12.5 | ******* | ****** | | | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | | | | | | | |
| Congregate Meals | No | Cancer | 0.0 | | | Nursing Staff per 100 F | Residents | | | | |
| Home Delivered Meals | No | Fractures | 0.0 | | 100.0 | (12/31/02) | | | | | |
| Other Meals | No | Cardiovascular | 0.0 | 65 & Over | 45.8 | | | | | | |
| Transportation | No | Cerebrovascular | 0.0 | | | RNs | 9.6 | | | | |
| Referral Service | No | Diabetes | 0.0 | Sex | % | LPNs | 12.2 | | | | |
| Other Services | | Respiratory | 0.0 | | | • | | | | | |
| Provide Day Programming for | - 1 | Other Medical Conditions | | Male | | Aides, & Orderlies | 53.8 | | | | |
| Mentally Ill | No | | | Female | 54.2 | | | | | | |
| _ ' ' ' _ ' _ ' _ ' ' ' ' ' ' ' ' | | | 1000 | | | | | | | | |

Method of Reimbursement

100.0 |

Yes

| | Medicare (Title 18) | | Medicaid (Title 19) | | Other | | Private Pay | | Family Care | | | Managed Care | | | | | | | | |
|--------------------|------------------------|-----|------------------------|-----|-------|---------------------|----------------|-----|---------------------|-----|-----|---------------------|-----|-----|---------------------|-----|-----|---------------------|-------------------------|-------|
| Level of Care | No. | % | Per Diem (\$) | No. | 90 | Per Diem (\$) | No. | % | Per Diem (\$) | No. | olo | Per Diem (\$) | No. | ᅇ | Per Diem (\$) | No. | ᅇ | Per Diem (\$) | Total Resi- dents | Of |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Intermediate | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | | | | 24 | 100.0 | 121 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 24 | 100.0 |
| Traumatic Brain In | j 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depende | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 0 | 0.0 | | 24 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 0 | 0.0 | | 0 | 0.0 | | 24 | 100.0 |

| ********* | ********* | ***** | ****** | ****** | ****** |
|--------------------------------|------------------------------|-----------------|---|---|-----------|
| Admissions, Discharges, and | | of Residents' C | onditions, Services, an | d Activities as of 1 | 2/31/02 |
| Deaths During Reporting Period | l | | | | |
| | | | % Needing | | Total |
| Percent Admissions from: | Activities of | % | Assistance of | % Totally | Number of |
| Private Home/No Home Health | 0.0 Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 0.0 Bathing | 0.0 | 75.0 | 25.0 | 24 |
| Other Nursing Homes | 0.0 Dressing | 16.7 | 62.5 | 20.8 | 24 |
| Acute Care Hospitals | 25.0 Transferring | 58.3 | 20.8 | 20.8 | 24 |
| Psych. HospMR/DD Facilities | 0.0 Toilet Use | 37.5 | 45.8 | 16.7 | 24 |
| Rehabilitation Hospitals | 75.0 Eating | 33.3 | 50.0 | 16.7 | 24 |
| Other Locations | 0.0 ************* | ***** | * | * | ***** |
| Total Number of Admissions | 4 Continence | | % Special Treatmen | ts | 용 |
| Percent Discharges To: | Indwelling Or Externa | al Catheter | 0.0 Receiving Resp | iratory Care | 4.2 |
| Private Home/No Home Health | 0.0 Occ/Freq. Incontinent | t of Bladder 8 | 3.3 Receiving Trac | heostomy Care | 0.0 |
| Private Home/With Home Health | 0.0 Occ/Freq. Incontinent | t of Bowel 6 | 2.5 Receiving Suct | ioning | 0.0 |
| Other Nursing Homes | 0.0 | | Receiving Osto | my Care | 0.0 |
| Acute Care Hospitals | 14.3 Mobility | | Receiving Tube | Feeding | 4.2 |
| Psych. HospMR/DD Facilities | 14.3 Physically Restrained | d | 0.0 Receiving Mech | anically Altered Die | ts 75.0 |
| Rehabilitation Hospitals | 0.0 | | | | |
| Other Locations | 0.0 Skin Care | | Other Resident C | haracteristics | |
| Deaths | 71.4 With Pressure Sores | | 4.2 Have Advance D | irectives | 100.0 |
| Total Number of Discharges | With Rashes | | 0.0 Medications | | |
| (Including Deaths) | 7 | | Receiving Psyc | hoactive Drugs | 70.8 |

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

| | This | | DD | | All | |
|--|----------|-------|-----------|-------|-----------|--|
| | Facility | Fac | cilities | | ilties | |
| | % | % | Ratio | % | Ratio | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 96.4 | 83.9 | 1.15 | 85.1 | 1.13 | |
| Current Residents from In-County | 25.0 | 38.2 | 0.66 | 76.6 | 0.33 | |
| Admissions from In-County, Still Residing | 0.0 | 18.5 | 0.00 | 20.3 | 0.00 | |
| Admissions/Average Daily Census | 14.8 | 20.3 | 0.73 | 133.4 | 0.11 | |
| Discharges/Average Daily Census | 25.9 | 23.6 | 1.10 | 135.3 | 0.19 | |
| Discharges To Private Residence/Average Daily Census | 0.0 | 9.8 | 0.00 | 56.6 | 0.00 | |
| Residents Receiving Skilled Care | 0.0 | 0.0 | 0.00 | 86.3 | 0.00 | |
| Residents Aged 65 and Older | 45.8 | 15.3 | 3.00 | 87.7 | 0.52 | |
| Title 19 (Medicaid) Funded Residents | 100.0 | 99.2 | 1.01 | 67.5 | 1.48 | |
| Private Pay Funded Residents | 0.0 | 0.6 | 0.00 | 21.0 | 0.00 | |
| Developmentally Disabled Residents | 100.0 | 99.5 | 1.00 | 7.1 | 14.08 | |
| Mentally Ill Residents | 0.0 | 0.4 | 0.00 | 33.3 | 0.00 | |
| General Medical Service Residents | 0.0 | 0.1 | 0.00 | 20.5 | 0.00 | |
| Impaired ADL (Mean) * | 46.7 | 54.0 | 0.86 | 49.3 | 0.95 | |
| Psychological Problems | 70.8 | 48.2 | 1.47 | 54.0 | 1.31 | |
| Nursing Care Required (Mean) * | 10.9 | 11.3 | 0.96 | 7.2 | 1.52 | |